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**** FOR DNMP USE ****

Form Number

Date Entered

NUTRIENT MANAGEMENT ANNUAL REPORT PERIOD 2019

1. PARTICIPANT INFORMATION

Applicant Name

Mailing Address

Phone

Email

Operation Name

Operation Address

Name, Number & Expiration of NM Certification Holder in the Operation

2. MANAGEMENT PLAN TYPE

Plan Types:

- Nutrient Management Plan (NMP) - Crops with or without Animals

Management Plan Type

NM Consultant Name

Start Date of Most Current Plan

Expiration Date of Most Current Plan

Total Acres Included in the Plan

Years of Plan

3. WATERSHED – Geographical Location(s) of Operation

%	Watershed	%	Watershed	%	Watershed

4. SUMMARY OF NUTRIENT APPLICATIONS

☐ Not Applicable

Application Area	Nitrogen		Phosphorous	
	Total Pounds	Total Acres	Total Pounds	Total Acres
Fairways				
Greens				
Tees				
Turf				
Rough				
Ornamentals				
Others				

5. ORGANIC NUTRIENT APPLICATION

☐ Not Applicable

Source (Manure/Compost/Other)	% Total N Applied	% Total P Applied

6. ENHANCED EFFICIENCY FERTILIZERS

☐ Not Applicable

Fertilizer (Brand, Name)	% Total N Applied	% Total P Applied

This report is provided as truthful and accurate to the best of my knowledge.

Signature

Date